

2010 ELECTION CYCLE

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF STATE

RECEIVE

JUL 09 2010

Campaign Finance  
Secretary of State

DATE STAMP

Name of Committee Committee to Elect David Shoemaker Chairman  
Address Judge P.O. Box 2041 Collier MS 39428  
Telephone 601-765-8284 Fax 601-765-8282  
Treasurer Billy Dale Shoemaker Email Shoe6651@bellSouth.net

☐ Check here if above is different from previous report

TYPE OF REPORT

\_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
☒ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
\_\_\_\_ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
\_\_\_\_ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 700.00 =	\$ 700.00	\$ 2000.00
Total amount of disbursements	\$ 730.88 + \$ - =	\$ 730.88	\$ 1893.65
Total amount of cash on hand		\$ 106.35	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

P. 3 0N.1238

SHOEMAKE & BLACKLEDGE, PLLC

JUL 9, 2010 10:36AM

Name of Candidate or Committee to Elect DAVIS Shemela Page 1 of 1  
 Reporting period June 10 through July 10, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name <u>DAVIS Shemela</u>		<u>6/30/10</u>	\$ <u>100.00</u>
Mailing Address <u>PO Box 1678</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Collins MS 39424</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
		Aggregate year-to-date	\$

Name of Candidate or Committee to Elect David Shoemaker

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Reporting period June 10 through July 10, 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>gtl Scler</u>		Date (Mo., Day, Year) <u>6/30/10</u>	Amount of each disbursement this period \$ <u>379.70</u>
Mailing Address <u>3720 Hardy St. Ste 21</u>			
City, State, Zip Code <u>Hattiesburg MS 39402</u>			
Purpose of Disbursement (Optional) <u>fare LHO</u>		Aggregate Year-to-date	\$
B. Full name <u>Winning Edge Communications</u>		Date (Mo., Day, Year) <u>6/25/10</u>	Amount of each disbursement this period \$ <u>256.65</u>
Mailing Address <u>P.O. Box 269</u>			
City, State, Zip Code <u>Alexandria AL 36250</u>		<u>6/30/10</u>	\$ <u>94.53</u>
Purpose of Disbursement (Optional) <u>Push Card</u>		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			\$
City, State, Zip Code			\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$